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U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

15-1362

PLAINTIFF <u>Antonio Crawford</u>		COURT CASE NUMBER <u>8:15-CV-1362</u>
DEFENDANT <u>E. Bettinger</u>		TYPE OF PROCESS <u>Civil Action</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>E. Bettinger DHS officer for Kershaw Corr. Inst</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>4848 Goldmine Hwy Kershaw SC 29067</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 <u>2</u>
<input type="checkbox"/> <u>Antonio Crawford 326526 OA-64</u> <u>Kershaw Corr. Inst</u> <u>4848 Goldmine Hwy</u> <input type="checkbox"/> <u>Kershaw SC 29067</u>		Number of parties to be served in this case <u>1</u>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Check between 9:00am + 3:30pm Monday - Friday

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>Antonio Crawford</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>1/28/15</u>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>71</u>	District to Serve No. <u>71</u>	Signature of Authorized USMS Deputy or Clerk <u>B. Brown</u>	Date <u>4-22-15</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <u>Sarah Holley Admin. Asst.</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <u>5-5-15</u> Time <u>930</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee <u>\$65.00</u>	Total Mileage Charges including endeavors) <u>see 3-1</u>	Forwarding Fee	Total Charges <u>\$65.00</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u>
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REMARKS: 5/5/15 1st ENCL - SCDC -  
1 hr @ \$65.00 = \$65.00

I Declare Under Penalty Of Perjury  
That The Foregoing Is True And Correct  
Burke Strickland

PRIOR EDITIONS MAY BE USED

### DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

RECEIVED See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <i>Antonio Crawford</i>	2015 APR 22 AM 11:31	COURT CASE NUMBER <i>8:15 CV 01362</i>
DEFENDANT <i>Chris Hunt</i>	UNITED STATES MARSHALS COLUMBIA SC	TYPE OF PROCESS <i>Civil Action</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Chris Hunt, South Carolina Dept. of Corrections</i>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>4848 Cold Mine Highway, Kershaw, South Carolina 29067</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Antonio Crawford 36526 0804 Kershaw Correctional Institution 4848 Cold Mine Highway Kershaw, S.C. 29067</i>		Number of process to be served with this Form 285 <i>2</i> Number of parties to be served in this case <i>1</i> Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

*SGT. of Contraband. 56 black hair 7:AM-4:00pm*

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Adrian [Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <i>1/28/15</i>
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>71</i>	District to Serve No. <i>71</i>	Signature of Authorized USMS Deputy or Clerk <i>B. Brown</i>	Date <i>4-22-15</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>Sarah Holley Admin. Asst.</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <i>5-05-15</i> Time <i>930</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee <i>\$65.00</i>	Total Mileage Charges including endeavors) <i>\$1.28</i>	Forwarding Fee	Total Charges <i>\$66.28</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *5/5/15 1st ENDU SCDC - 1 hr @ \$65.00 = \$65.00*

*20 miles @ .575 = \$11.50 + 9 cases = Brenda Strickland \$1.28*

### DISTRIBUTE TO:

1. CLERK OF THE COURT
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3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

I Declare Under Penalty Of Perjury  
That The Foregoing Is True And Correct  
PRIOR EDITIONS MAY BE USED